

Please type a plus sign in this box:

1

PTO/SB/01 (3-97)

Approved for use through 6/30/98. OMB 0651-0022  
Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION		Attorney Docket No.		70368-84	
First Named Inventor		William W. Muir, Jr.			
COMPLETE IF KNOWN					
Application No.					
Filing Date					
Group Art Unit					
Examiner Name					
<input checked="" type="checkbox"/> Declaration submitted with or initial filing <input type="checkbox"/> Declaration submitted after initial filing					
As a below named inventor, I hereby declare that:					
My residence, post office address, and citizenship are as stated below next to my name.					
I believe I am the original, first and sole inventor (only if one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:					
<div style="border: 1px solid black; padding: 2px;">           PACKAGE WITH ATTACHED RESEALABLE COVER AND METHOD OF MAKING SAME         </div> (Title of the Invention)					
the specification of which					
<input checked="" type="checkbox"/> is attached hereto or <input type="checkbox"/> was filed on _____, as United States Application Number or PCT International Application Number: _____ and was amended on _____ (if applicable).					
I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendments specifically referred to above.					
I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations § 1.56.					
I hereby claim foreign priority benefits under Title 35, United States Code § 119 (a)-(d) of any foreign application (s) for patent or inventor's certificate, or § 365 (a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.					
Prior Foreign Application Number(s)	Country	Foreign Filing Date (M/D/Y)	Priority Not Claimed	Certified Copy Attached	
				YES	NO
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.					
I hereby claim the benefit under Title 35, United States Code § 119 (a) of any United States provisional application (s) listed below.					
Application Number (s)	Filing Date (M/D/Y)	<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.			
60/295,650	06/04/01				

Please type a plus sign in this box: ☐

PTO SB 01 (3-97)

Approved through 6/30/98, ON 8 0651-4032

Patent and Trademark Office; US DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

# DECLARATION - Utility or Design Patent Application

I hereby claim the benefit under 35 U.S.C. 119 of any United States application of any PCT international application designating the United States of America, listed below, and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT international application in the manner provided by the description of 35 U.S.C. 112, I acknowledge the duty to disclose information which is a material to patentability as defined in 35 U.S.C. 101, Code of Federal Regulations 1.56 which became available before the filing date of the prior application and the national or PCT international filing date of this application.

U.S. Parent Application Number	PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	Parent Patent Number (if applicable)

☐ Additional U.S. or PCT international application numbers are listed on a supplemental priority data sheet PTO/SB 028 attached hereto.

As a named inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith: ☒ Custom er Number 20915

Or

☐ Registered practitioner(s) name and registration number listed below

Place Custom er Number or Code Label on

Name	Registration No.	Name	Registration No.
John E. McGarry	22,360	Mark A. Davis	37,118
H. Lawrence Smith	24,900	G. Thomas Williams	42,228
John E. Biedr	33,356	Michael F. Kelly	50,859

☐ Additional registered practitioner(s) named on supplemental Registered Practitioner Information sheet PTO/SB 02C attached hereto.

Direct all correspondence to ☒ Custom er Number or Bar Code Label 20915 or ☐ Correspondence Address below

Name	John E. McGarry, Reg. No. 22,360 McGarry Bair LLP
Address	171 Monroe Avenue, NW, Suite 600
City, State, Zip	Grand Rapids, Michigan 49503
Country	US
Telephone	616-742-3500
Fax	616-742-1010

I hereby declare that all statements made herein in my own knowledge are true and that all statements made on information and belief are believed to be true, and further that these statements were made in the knowledge that false statements and the like are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such a false statement may jeopardize the validity of the application or any patent issued thereon.

Name of Sole or First Inventor ☐ A petition has been filed for this unsigned inventor.

Given Name (first and middle (if any))	Family Name or Surname
William W.	Muir, Jr.

Inventor's Signature	William W. Muir, Jr.	Dated	5/31/02
Residence: City	Grand Rapids	State	MI
		Country	US
Post Office Address	2764 Pioneer Club Drive		
City	Grand Rapids	State	MI
		Zip	49506
		Country	US

☒ Additional inventors are being named on the 1 supplemental additional inventor(s) sheet(s) PTO/SB 02A attached hereto.

Please type a plus sign in this box: ☐

PTO SB/R2A (3-97)

Approved for use through 6/30/98. ON B 0151-0032  
Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

Name of Inventor		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Frank G.		deBmin	
Inventor's Signature		Dated	
<i>Frank G. deBmin</i>		5/31/02	
Residence: City	Grand Rapids	State	MI
		Country	US
Post Office Address	1546 Riverton, S.E.		
City	Grand Rapids	State	MI
		Zip	49546
		Country	US
Name of Inventor		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Inventor's Signature		Dated	
Residence: City		State	
		Country	
Post Office Address			
City		State	
		Zip	
		Country	
Name of Inventor		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Inventor's Signature		Dated	
Residence: City		State	
		Country	
Post Office Address			
City		State	
		Zip	
		Country	
Name of Inventor		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Inventor's Signature		Dated	
Residence: City		State	
		Country	
Post Office Address			
City		State	
		Zip	
		Country	
Name of Inventor		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Inventor's Signature		Dated	
Residence: City		State	
		Country	
Post Office Address			
City		State	
		Zip	
		Country	